

Eric J. Holcomb Governor Kristina M. Box, MD, FACOG State Health Commissioner

Ryan White HIV/AIDS Program (RWHAP) Statewide Grievance Procedure

BACKGROUND:

The HIV Services Program Statewide Grievance Procedure is intended to address issues occurring within all agencies receiving funds from the HIV Services Program or occurring when services are directly delivered by the HIV Services Program. These issues may include perceived violations of the agency's (or the HIV Services Program's) established policies, breaches of confidentiality, or concerns about the quality of services being provided to the specific client registering the grievance. The agency (or the HIV Services Program) is not expected to address complaints lodged by one client about another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

Each agency must designate a liaison for client/service provider complaints. The liaison will work with client to ensure that each step of this procedure is completed and documented appropriately. The liaison is responsible for the routing of the complaint to each successive level of review.

PROCEDURE:

If the client is dissatisfied with the outcome of the grievance, the liaison will immediately obtain the client's statement with signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form as the official submission to the HIV Supportive Services Program Manager at the Indiana Department of Health within 14 days. The liaison will include the Concern Form and all relevant documentation for review to fully inform IDOH.

Once any unresolved matters are submitted, the HIV Supportive Services Program Manager will review all submitted materials regarding the reported concern. IDOH will have 30 days thereafter to resolve and further plan. The Program Manager will attempt to contact the client by telephone to further discuss the circumstances of the complaint. The Program Manager will contact the staff at the funded agency submitting the grievance (if applicable). Please submit all documents to the Indiana Department of Health's HIV Services Program HIV Supportive Services Program Manager via email: Supportiveservices@health.in.gov.

To promote, protect, and improve the health and safety of all Hoosiers.



Documentation of process and outcome

All records related to a client grievance shall be maintained in files distinctly separate from the client chart and are considered confidential and should be maintained in a secure location.

REFERENCES: Policy Clarification Notice (PCN) # 16-02

https://hab.hrsa.gov/sites/default/files/hab/program-grantsmanagement/ServiceCategoryPCN_16-02Final.pdf